

ADDITIONAL VETERANS' EXEMPTION PROGRAM
REQUEST FOR REIMBURSEMENT OF REVENUE LOSS
FILE ON OR BEFORE AUGUST 1 TO THE STATE OF CONNECTICUT
SECRETARY OF THE OFFICE OF POLICY AND MANAGEMENT - TAX RELIEF UNIT
450 CAPITOL AVE., MS#54GSU, HARTFORD, CONNECTICUT 06106-1379

MUNICIPALITY/TAXING DISTRICT NAME: _____ REVAL MULTIPLIER (if applicable): _____

GRAND LIST DATE: OCTOBER 1, _____ MILL RATE(\$): _____ DATE CLAIM SUBMITTED: _____

CURRENT G/L ADD'L EXEMPTION GRANTEES -- w/ INCOME LIMIT (Code B): _____ EXEMPTION AMOUNT \$ _____

NUMBER ON PRIOR GRAND LIST---CORRECTIONS &/OR EXEMPTION BALANCES: _____ SUPPLEMENTAL AMT. \$ _____

TOTAL ACCOUNTS APPROVED: _____ TOTAL EXEMPTIONS \$ _____

TOTAL REVENUE LOSS REIMBURSEMENT REQUESTED (EXEMPTIONS x MILL RATE): \$ _____

ASSESSOR'S AND TAX COLLECTOR'S CERTIFICATION:

I HEREBY CERTIFY THAT TO THE BEST OF MY KNOWLEDGE THIS CLAIM, INCLUDING ANY CONTINUATION SHEETS ATTACHED, IS A TRUE LISTING AND COMPUTATION OF THE REVENUE LOSS SUSTAINED BY THIS MUNICIPALITY, OR OTHER JURISDICTION, UNDER THE STATE PROGRAM OF TAX RELIEF FOR QUALIFIED VETERANS AS SET FORTH IN SECTION 12-81g OF THE CONNECTICUT GENERAL STATUTES.

_____ ASSESSOR Signature	_____ TELEPHONE NUMBER	_____ DATE
_____ TAX COLLECTOR Signature	_____ TELEPHONE NUMBER	_____ DATE

FOR OFFICE OF POLICY AND MANAGEMENT USE ONLY

M-59 AS SUBMITTED: \$ _____

M-59 AS EXAMINED AND APPROVED: \$ _____

OFFICE EXAMINATION BY: _____ DATE: _____